

CLAIMS ONLY

Application Number

10/631233

Filing Date

Applicant(s)

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--|--------|--|-------|--|--------|--|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | | Depend | | Indep | | Depend | |
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| Total Indep | | | 4 | | | | Total Indep | | | | | | | |
| Total Depend | | | 9 | | | | Total Depend | | | | | | | |
| Total Claims | | | 13 | | | | Total Claims | | | | | | | |